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Bib Data Sheet

2005-0771

CONFIRMATION NO. 1252

SERIAL NUMBER 09/249,728	FILING DATE 02/13/1999 RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. 97123-0	
APPLICANTS DANIEL LOPEZ, MENLO PARK, CA; FRANK SCHELLENBERG, PALO ALTO, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/01/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
ADDRESS STEVEN E SHAPIRO ESQ MITCHELL SILBERBERG & KNUPP LLP 11377 WEST OLYMPIC BOULEVARD LOS ANGELES , CA 900641683					
TITLE RETICLE DEFECT DETECTION USING SIMULATION					
FILING FEE RECEIVED 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		

SERIAL NUMBER 09/249,728	FILING DATE 02/13/99	CLASS 257	GROUP ART UNIT 2811	ATTORNEY DOCKET NO. 97123-0
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APPLICANT DANIEL LOPEZ, MENLO PARK, CA; FRANK SCHELLENBERG, PALO ALTO, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

MD NONE

****371 (NAT'L STAGE) DATA*******

VERIFIED

MD NONE

****FOREIGN APPLICATIONS*******

VERIFIED

MD NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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TITLE RETICLE DEFECT DETECTION USING SIMULATION

FILING FEE RECEIVED \$1,160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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